

Practitioner Endorsement Registration Form

You can also register online at www.rx.wa.gov, using your Washington State license number as your user I.D. and password. It will take about 7-10 days to process your online registration, and 10-14 days for paper forms.

Registration can be verified online.

1.	Full Name (as it appears on your Washington State license) (required)
	Last Name
	First Name Middle Initial Suffix
2.	Preferred Mailing Address (home or office) (required)
	Street
	City State ZIP Code + 4
	County
	County
3.	Date of Birth (required) Month Day Year
4	Phone Number (required)
4.	rione number (required)
5.	Fax Number (optional)
6.	E-mail Address (optional)
7.	License Number (required)
8.	DEA Number (required)
9.	Labor & Industries (L & I) Provider Numbers (required)
	L & I Provider #1 L & I Provider #2 Not Applicable
10	. Medical Assistance Administration (MAA - Medicare/Medicaid) Provider Numbers (required)
	MAA Provider #1 MAA Provider #2 Not Applicable
11	. I wish to be an Endorsing Provider for the Washington State Preferred Drug List (check one) YES NO
	Terms of Agreement
	Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority's Privacy
	Notice is available upon request by calling 360-923-2822 or online at www.hca.wa.gov.
	I certify by my signature below that I have reviewed the current Washington State Preferred Drug List authorized by RCW 70.14.050
	and agree to allow therapeutic interchange of a preferred drug for any nonpreferred drug in a given therapeutic class unless I direct that the prescription be dispensed as written, or the prescription is for a drug that is exempt from therapeutic interchange under
	RCW 69.41.150, 190. I understand that I can opt out as an Endorsing Practitioner at any time.
	Signature Date